DOCUMENT RESUME

ED 200 848 CG 015 080

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TITLE Development of a Procedure for Allowing Mental Health Clients to Choose Their Therapists.
PUB DATE 80
NOTE 25p.; Paper presented at the Annual Conference of the New Zealand Psychological Society (Dunedin, 1980).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Audiovisual Aids; Counselor Attitudes; *Counselor Characteristics; *Counselor Client Relationship; Counselor Performance; Foreign Countries; *Interaction; Interpersonal Attraction; *Selection; Therapeutic Environment; *Therapists
IDENTIFIERS New Zealand

ABSTRACT

Literature on client rights and preferences for therapy and therapy styles has suggested that allowing clients to choose their own therapists should have positive effects on the process and outcome of therapy as well as the chosen therapists' performance and attitudes. A slide/tape presentation containing information about each therapist at an urban mental health clinic was used to help clients choose their own therapist. Clients (N=21) were administered a questionnaire to assess their reactions to being allowed to choose and their reasons for choosing a particular therapist. Findings indicated that the act of choosing had a positive impact on clients and that when choosing, clients placed more importance on relationship factors than physical likeness or active-therapist qualities. The slide/tape presentation appears to be a simple, practical procedure for allowing clients to select their own therapists. Results suggest that there may be positive implications for therapy outcome when clients exercise their right to choose their therapist. (Author/NRB)

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DEVELOPMENT OF A PROCEDURE FOR ALLOWING MENTAL HEALTH CLIENTS TO CHOOSE THEIR THERAPISTS*

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* Presented to the New Zealand Psychological Society Conference, Dunedin, 1980.

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The question "Which therapy for which individual under what conditions?" (Keisler, 1966; Paul, 1967) has prompted numerous attempts to match client and therapist to enhance the therapeutic process. This suggested "matching" of client, therapist and therapy style to optimize favourable therapeutic outcome seems both pragmatically and ethically preferable to what happens in the typical treatment setting where clients are randomly assigned to therapists, assigned to equalize therapist caseloads, assigned to therapists according to an intake worker's intuitions, or assigned by some other means which may or may not be related to therapeutic outcome.

While the notion that certain client-therapist pairings enhance the therapeutic process has received consistent support in the research literature (Luborsky, Chandler, Auerback, & Cohen, 1971), efforts to effect these beneficial matches have largely failed. Any discussion of client-therapist matching to optimize therapeutic gain is immediately complicated by the almost overwhelming complexity and number of factors involved (see Strupp & Bergin, 1969). This complexity has prohibited the development of any simple, valid method of matching that has been demonstrated both effective and practical enough to be used extensively. Furthermore, virtually all of these attempts to match client and therapist have assumed that the therapist or agency should determine the match.

There already exists a large body of literature demonstrating that clients themselves have definite preferences regarding therapists and therapy orientations (see, for example, Rosen, 1967; Simon, 1973). While these preferences could logically be made the basis of a matching scheme, an immediately obvious extension of the idea of using client preferences to match clients with therapist or therapy would be to provide clients with prior information about available therapists and therapy orientations and allow them to self-match themselves (Lieberman, 1975; Enright, 1975; Coyne & Wideger, 1978). In fact, client selection already operates in

the field delimited by the term "t-group", where it is recognized that clients, or group participants, choose the group experience they desire. The same could occur in individual therapy.

The notion of increasing client participation in therapy and outcome evaluation has been made mandatory for publically funded mental health centers through the Community Mental Health Centers Amendments of 1975 (PL 94-63). This law made consumerism-in-counseling a reality by specifying "... the need for consumer evaluation and a broader range of citizen appraisal and involvement." (Margolis, Sorenson, & Galano, 1977, p.13). Thus, in one sense the idea of clients selecting their own therapists merely complies with the spirit and intent of an existing public law.

Furthermore, considerable ethical and theoretical support for client choice of therapist is found in the accountability in counseling movement of the early 1970s and the more recent client rights and consumerism-in-counseling movement (see the Personnel and Guidance Journal, December, 1977, a special issue on the topic). Allowing clients to select the therapist and type of therapy they feel they need is entirely coincident with the movement's goals: delineating clients' rights, demystifying the process of therapy, and increasing clients' participation in the process of their own therapy (Weinrach & Morgan, 1975; Winborn, 1975).

In addition, there are suggestions that client selection of therapist would have impact not only on the process and outcome of therapy, but also on the chosen therapists and the helping agencies themselves.

Implications for clients

It is generally recognized that "Because of the nature of the therapy situation, it is very easy for the patient, in the role of supplicant, to feel 'one down' in power to the therapist." (Rice & Rice, 1973, p.194). The simple act of choosing might do much to equalize this inherent therapist-client power imbalance. Enright (1975) also suggested that by choosing

their own therapists clients (a) would be taking responsibility for themselves and (b) would be more committed to active involvement with their chosen therapists. Thus, there may be positive outcomes associated with choosing for the clients involved.

Implications for therapists

Equally important may be the effects on the chosen therapists: (a) they might be more committed to working with clients who have chosen them, and (b) they might be more willing to make high risk interventions with clients who have chosen them. Palmer (1973) described a matching situation in which youth workers who were systematically matched with youths reported higher job satisfaction and stayed in the job longer than unmatched workers. It seems reasonable to anticipate similar effects when using a matching system involving client choice of therapist. Of further interest in this regard is the research of Lazare, Cohen, Jacobsen, Williams, Mignone, and Zisook (1972) which revealed that treating client requests as legitimate consumer demands resulted in "increased morale amongst the therapists in our clinic." (p.882).

Obviously, many therapists might find the notion of allowing clients to select them threatening. Additionally, what would be the consequences of an agency therapist never or only infrequently, being selected? While the possible answers may be neither easy nor entirely palatable, it is equally important that clients should have the right of informed choice, despite possible negative consequences for some therapists.

Implications for helping agencies

In most matching schemes reported in the literature to date, the matching has been done by the agency or therapist, i.e., matching based on therapist or agency needs and preferences, or their perceptions of what would be best for clients. It is clearly the case that "... there is a tendency for a treatment program to reflect the philosophy of a director or a therapeutic team" (Ewing, 1977, p.14) and not the needs of individual clients. Allowing clients a choice of therapist would force agencies

to be more explicit about their services and more client conscious in their structure and organizaton. Winborn's article (1977) on honest labelling, for example, outlined the types of information that could be given to clients to enable them to make informed choices about the goods and services they use.

While not all clients, therapists or agencies would welcome the changes resulting from a client self-matching scheme, two factors seem to lend strong support to implementing such a scheme: (a) the strong client rights movement is entirely coincident with client choice, and (b) there are suggestions that the act of choosing will have benefits for both clients and therapists.

The critical part of any client selection procedure is the provision of adequate, accurate, prior information about all available alternatives to clients making a choice. Weinrach and Morgan (1975) stressed that every client should receive this information as of right and Winborn (1977) offered suggestions regarding the types of information that could be given to clients to enable them to make informed choices. Two printed examples of consumer oriented information in the mental health field are Adams and Orgel's Through the Mental Health Maze (1975) and the Department of Health, Education, and Welfare's brochure A Consumer's Guide to Mental Health Services (1975). The purpose of the present study was to (a) develop a practical, simple procedure that allowed clients to select the therapist of their choice on the basis of prior accurate information, and (b) investigate the reasons for choosing and the impact of that choice on clients.

Various means have been employed in providing clients with prior information in studies reported to date, most of which have used analogue therapy situations:

a. information transmitted either verbally by the researcher or in written form (Greenberg, 1969; Greenberg, Goldstein & Perry, 1970; Ferreira, 1975).

b. audio-taped samples of therapy style (Greenberg, Goldstein & Gable,

1971; Cheney, 1975).

c. pictures of therapists (Boulware & Homes, 1970)

d. client observations of and/or sampling of available therapies (Brown, 1977; Ewing, 1977)

e. video-taped samples of therapies (Stranges & Riccio, 1970; Devine & Fernald, 1973; Moore, 1976).

In the present study a color slide plus audio-tape presentation containing information about all the therapists at an urban mental health clinic were used.

METHOD

Development of Presentation

All eight therapists at the clinic participated in the study. Information about the therapists is summarized in Table 1. The therapists' racial composition reflected the fact that clients of various races made use of the clinic's services. Age and level of education showed little variation. The greatest difference among the therapists was length of experience which ranged from less than six months to over 10 years. None of the therapists expressed reluctance about producing a presentation of themselves to be shown to clients and, furthermore, none of them expressed worry about not being chosen by clients.

INSERT TABLE 1 ABOUT HERE

A combined visual and auditory presentation was used to maximize information available to clients. Visual cues thus included such things as physical appearance, dress, office arrangement, and posture, while auditory information included professional and personal material and voice cues such as accent, speed, and volume.

Prior to making their own audio-taped messages, therapists discussed

the sorts of things clients might be looking for in a therapist. Three possible client concerns were identified: (a) competence (Can he/she help me?), (b) committment (Will he/she help me?), (c) values (Do his/her values match mine?). Combining these three concerns with their own perceived strengths and competencies, therapists then scripted a personal statement and audio-taped a final version of it. To avoid fatigue or boredom in clients listening to the presentation, each therapist's message was limited to less than 120 seconds.

For the visual portion of the presentation, each therapist selected a minimum of three colour slides of themselves. The slides were intended to show the therapists in typical working, caring and welcoming poses.

Slides and tape recorded messages were combined by having therapists indicate both the sequence and placement of their slides in relation to their messages. There was a "Welcome to the _____Clinic" slide preceding the first slide and this same slide was shown during the 10-second interval between each therapist's message. A slide with the message "The End" appeared at the end. Thus, the entire presentation consisted of 44 slides, 36 of which were of therapists, and an audio-tape that lasted 13 minutes 35 seconds. Table 2 shows the number of slides and length of taped message for each therapist.

INSERT TABLE 2 ABOUT HERE

The presentation was shown to clients using a television-sized sound/slide projector which advanced slides automatically and in sequence in response to the cassette tape with recorded sound/slide synchronization control pulses. The projector was located in a room off the main reception area and clients used headphones to listen to the presentation.

The therapist presentation was therefore relatively brief (less than 14 minutes in length), technically simple (the presentation continued

automatically once the cassette tape was started), inexpensive (the cost of slides, tape recorder and projector is within the means of almost every mental health clinic), and contained useful and accurate information that enabled "informed choice", even by marginally literate clients.

Subjects

Potential subjects included all clients who voluntarily sought or were referred for services at the clinic. Only those judged incapable of participating in the procedure were exempted. Reasons for exclusion were: outreach status (intake assessment done away from the clinic); intake session done by telephone; refusal to participate in the procedure; severely retarded; heavily medicated at the time of intake.

Twenty-three of 69 clients were randomly assigned to the choice-of-therapist procedure. Of these, two declined to choose a therapist. Thus, there were 21 subjects in the study, including 12 females and 9 males; 10 Whites and 11 Non-whites. Their average age was 29.

Instrument

A two-part Reaction to Choosing Questionnaire was devised for use in the study. The first part included 13 items with five point response scales ("very important - very unimportant") asking clients to indicate how important various therapist qualities were to them in choosing their therapist. An open-ended fourteenth item asked them to list any other counsellor qualities that were important in making their choice. The items included 5 physical appearance items (same sex, age, race; attractive; friendly), 4 relationship items (looks like someone who will listen to me, understanding, looks like someone I know, will get along well together), and 4 active-therapist items (looks strong enough to handle my problems, able to get things done for me, able to help me figure out what I want to do, will tell me what to do). Items were randomly ordered.

The second part consisted of nine items with five point response

scales ("strongly agree - strongly disagree") asking clients to indicate their degree of agreement with statements about the impact choosing had on them. An open-ended tenth item asked them to list any other effects choosing had on them. Positively and negatively worded items were randomly ordered and negatively worded items were scored in reverse. Items included: choosing made me feel hopeful, respected, worried about making a bad choice, more in control of my life, confused, more willing to talk openly to my counsellor, responsible for myself, unimportant; choosing is the clinic's job, not mine.

A sound/slide presentation of the instrument was made as an aid to clients with low reading ability. Slides of the questionnaire were taken so that there were only 4-5 items per slide, in effect enlarging the printed material and making it easier to read. A slow-paced audio tape was made and the slides and sound synchronized. Any clients still needing reading help were assisted by their Intake Worker. In addition, the readability of the instrument was tested using the Flesch Reading Ease Formula (Flesch, 1948). The obtained reading ease score was 87.3, termed "easy, 5th grade level".

Procedure

All new clients at the clinic were given a standard intake interview by an Intake Worker. Those who were randomly assigned to the choice-of-therapist procedure were then shown the therapist presentation and asked to choose the person they wanted as their therapist. After choosing, the subjects completed the Reaction to Choosing Questionnaire.

RESULTS

Reasons for Choice

Scoring for Part I of the questionnaire merely involved calculating the group's mean for each item and then ranking the therapist qualities from most to least important. The results are seen in Table 3. The

first three items are "relationship" items while four out of the last five items are "physical appearance" items. Clearly, clients rated the items that seem indicative of a favourable relationship as important, and the physical appearance or similarity items as unimportant.

INSERT TABLE 3 ABOUT HERE

To see if the clients' ratings matched their actual pairings in regard to sex, age and race, the Fisher exact probability test (Seigel, 1956) was used to test the significance of the observed frequencies. Tables 4, 5 and 6 show the frequencies for sex, age and race respectively. Note that the data for age and race were combined to yield two categories. The observed frequencies for sex and age were not significant, df = 1, p = .527 and .179 respectively. The non-significant result for age is not surprising in view of the relatively narrow range of the therapists' ages. However, the result for race was significant (df = 1, p = .021), and it was clear that Non-white clients preferred Non-white therapists. This contradicts the low importance ranking accorded the "same race" item.

INSERT TABLES 4, 5, 6 ABOUT HERE

Impact of Choice

The second part of the questionnaire assessed the impact choosing had on clients. Scores for all clients were obtained by summing their responses on the nine items. The group's average of 18.6 yielded an average of 2.07 per item, clear agreement that choosing was perceived as a positive act. The range of scores for all clients was 9 to 26 while the range of possible scores was 9 to 45. Thus no one perceived choice as having negative impact on them. Table 7, which ranks average scores for all nine items, indicates that choosing seemed to enhance

clients' images of themselves and made them more willing and hopeful participants in their own therapy.

INSERT TABLE 7 ABOUT HERE

Comments made by several clients in response to the open-ended items tended to support the results presented above. For example, other important counsellor qualities listed by clients included:

- I'm picking someone who I think would be able to help me.
- A willingness to talk about anything I want to talk about.
- Someone who I think would be able to help me.
- By listening to the person I chose the counsellor that I felt I could relate to easier and feel more comfortable with.

Comments about the impact of the act of choosing included:

- Felt like I was choosing from a group of professionals so I had nothing to worry about.
- I really appreciated the choice; makes me feel more confident.

One client said simply that choosing was "important". Two clients qualified the impact choosing had for them by saying in one case that it was "scary" and in another that it made her feel "coy and demure again".

DISCUSSION

The primary goal of the study, i.e., the development of a simple, practical procedure for allowing clients to select their own therapists, was accomplished. The findings related to why clients chose a particular therapist indicated that relationship qualities in a therapist were perceived as more important than active-therapist qualities. Physical likeness qualities were clearly rated as being unimportant, and while the ratings of the same sex and age items accorded with actual match-ups, there was a discrepancy for race. Although clients rated the "same race" item as unimportant, there was a significant tendency for Non-white clients to select Non-white therapists. This finding is

supported by Sattler's (1977) extensive review of research that reported that when given a choice, Black clients preferred Black therapists while Whites did not seem to have such a clear preference. The research evidence for pairings on sex and age is less clear-cut (Berzins, 1977), as was the case in this study.

Since it seems clear from this study and others "... that potential and actual clients have implicit and explicit ideas concerning the characteristics they would like manifested in their counselors" (Rosen, 1967, p.787), using client preferences as the basis of matching could easily be a viable alternative to more usual matching schemes, i.e., pairings based on therapist or agency needs and preferences, or their perceptions of what would be best for clients.

Simon (1973) suggested that client preferences might affect therapy in at least two ways: (a) the stronger the client's preference for a particular therapist, the greater that client's efforts to communicate with the preferred therapist; and (b) the stronger the preference for the therapist, the more likely the patient will be influenced by the therapist's communications. When clients are actually given the opportunity to express these preferences, as in the present study, the positive impact seems clear: clients see themselves more positively, are more willing to engage in therapy, and are more hopeful about its outcome.

The terms powerless, isolated, supplicant, one-down, and no-hope-in-life as descriptions of mental health clients have appeared repeatedly in the literature (Darley, 1974; Hare-Mustin, Marecek, Kaplan, & Liss-Levinson, 1979; Morrison, 1978; Rice & Rice, 1973; Ryan, 1971). However, the act of choosing might do much to equalize this therapist-client power imbalance. The results of this study indicated that clients who chose their own therapist reported feeling respected, responsible, important, hopeful, in control of self, and more willing to talk openly with a therapist.

Although the small sample used in this study was typical of the clinic's target population, caution should be used in generalizing the results to other client groups in other clinic settings. However, the procedure for giving clients information about available therapists and allowing them to choose is well within the means of most helping agencies. Furthermore, the results suggest that there may be positive implications for therapy outcome when clients exercise their right to choose.

REFERENCES

Adams, S., & Orgel, M. Through the mental health maze. Washington, D.C.: Public Citizen's Health Research Group, 1975.

Berzins, J. I. Therapist-patient matching. In A.S.Gurman & A.M.Razin (Eds), Effective Psychotherapy: A Handbook of Research. New York: Pergammon Press, 1977.

Boulware, D. W., & Holmes, D. S. Preferences for therapies and related expectancies. Journal of Consulting and Clinical Psychology, 1970, 35, 269-277.

Brown, R. D. Experienced and inexperienced counselors' first impressions of clients and case outcomes: are first impressions lasting? Journal of Counseling Psychology, 1970, 17, 550-558.

Cheney, T. Attitude similarity, topic importance, and psychotherapeutic attraction. Journal of Counseling Psychology, 1975, 22, 2-5.

Consumer's guide to mental health services. Department of Health, Education, and Welfare Publication No. (ADM) 77-214, 1975.

Coyne, J. C., & Widiger, T. A. Toward a participatory model of psychotherapy. Professional Psychology, 1978, 9, 700-710.

Darley, P. J. Who shall hold the conch? Some thoughts on community control of mental health programs. Community Mental Health Journal, 1974, 10, 185-191.

Devine, D. A., & Fernold, P. S. Outcome effects of receiving a preferred, randomly assigned, or non-preferred therapy. Journal of Consulting and Clinical Psychology, 1973, 41, 104-107.

Enright, J. One step forward: situational techniques for altering motivation for therapy. Psychotherapy: Theory, Research and Practice, 1975, 12, 344-347.

Ewing, J. A. Matching therapy and patients: the cafeteria plan. British Journal of Addiction, 1977, 72, 13-18.

Ferreira, A. H. The effects of client choice of counselor on counseling readiness under two conditions of expectancy treatment. (Doctoral dissertation, Indiana State University, 1975). Dissertation Abstracts International, 1976, 36(7-A), 4256-4257. (University Microfilms No. 75-29, 873).

Flesch, R. A new readability yardstick. Journal of Applied Psychology, 1948, 32, 221-233.

Greenberg, R. P. Effects of presession information on perception of the therapist and receptivity to influence in a psychotherapy analogue. Journal of Consulting and Clinical Psychology, 1969, 33, 425-429.

Greenberg, R. P., Goldstein, A. P. & Cable, R. Influence of background similarity and trail structuring on the perception of a taped therapist. Journal of Consulting and Clinical Psychology, 1971, 37, 423-427.

Greenberg, R. P., Goldstein, A. P., & Perry, M. A. The influence of referral information upon patient perception in a psychotherapy analogue. Journal of Nervous and Mental Disease, 1970, 1, 31-36.

Hare-Mustin, R. T., Marecek, J., Kaplan, A. G., & Liss-Levinson, N. Rights of clients, responsibilities of therapists. American Psychologist, 1979, 34, 3-16.

Keisler, D. J. Basic methodology issues implicit in psychotherapy process research. American Journal of Psychotherapy, 1966, 20, 135-155.

Lazare, A., Cohen, F., Jacobson, A. M., Williams, M. D., Mignone, R. J. & Zisook, S. The walk-in patient as customer: a key dimension in evolution and treatment. American Journal of Orthopsychiatry, 1972, 42, 872-883.

Lieberman M. Some limits to research on T groups. Journal of Applied Behavioral Science, 1975, 11, 241-249.

Luborsky, L., Chandler, M., Auerbach, A. H., Cohen, J. & Bachrach, H. M. Factors influencing the outcome of psychotherapy: a review of quantitative research. Psychological Bulletin, 1971, 75, 145-185.

Margolis, R. B., Sorenson, J. L., & Galano, J. Consumer satisfaction in mental health delivery systems. Professional Psychology, 1977, 8, 11-16.

Moore, G. R. Client choice of counselor relative to client satisfaction, counselor satisfaction, and the quality of the counseling relationship. (Doctoral dissertation, The Pennsylvania State University, 1976). Dissertation Abstracts International, 1977, 37(7-A), 4137-4138. (University Microfilms No. 76-29, 659).

Morrison, J. K. The client as consumer and evaluator of community mental health services. American Journal of Community Psychology, 1978, 2, 147-155.

Palmer, T. B. Matching worker and client in corrections. Social Work, 1973, 18, 95-103.

Paul, G. L. Strategy of outcome research in psychotherapy. Journal of Consulting Psychology, 1967, 31, 109-118.

Rice, J. K., & Rice, D. G. Implications of the woman's liberation movement for psychotherapy. American Journal of Psychiatry, 1973, 130, 191-196.

Rosen, A. Client preferences: an overview of the literature. Personnel and Guidance Journal, 1967, 45, 785-789.

Ryan, W. Blaming the victim. New York: Random House, 1971.

Sattler, J. The effects of therapist-client racial similarity. In A. S. Gurham & A. M. Razin (Eds), Effective Psychotherapy: A Handbook of Research. New York: Pergammon Press, 1977.

Seigel, S. Nonparametric Statistics for the Behavioral Sciences. New York: McGraw-Hill, 1956.

Simon, W. E. Age, sex, and title of therapist as determinants of patients' preferences. Journal of Psychology, 1973, 83, 145-149.

Stranges, R. J., & Riccio, A. C. Counselee preferences for counselors: some implications for counselor education. Counselor Education and Supervision, 1970, 10, 39-45.

Strupp, H. H., & Bergin, A. E. Some empirical and conceptual bases for coordinated research in psychotherapy: a critical review of issues, trends, and evidence. International Journal of Psychiatry, 1969, 7, 18-90.

Weinrach, S. G., & Morgan, L. B. A bill of client rights and responsibilities. Personnel and Guidance Journal, 1975, 53, 557-562.

Winborn, B. B. Honest labeling and other procedures for the protection of consumers. Personnel and Guidance Journal, 1977, 56, 206-209.

TABLE 1: Therapists in the Study

Therapist	Sex	Age	Race	Level of Education	Experience as Therapist (Months)
A	Male	37	Black	M.S. Clin. Psych.	24
B	Male	27	Hispanic	M.A. Psychology	54
C	Female	24	White	M.A. Hum. Relations	5
D	Male	30	Black	Ed.D. Counseling (almost completed)	84
E	Female	23	Hispanic	B.S.E. Spec. Educ.	9
F	Male	29	Black	M.Ed.	36
G	Female	31	Black	M.S.W.	66
H	Male	32	White	M.A. Clin. Psych.	120
		$\bar{x}$ = 29.1			$\bar{x}$ = 49.8
		sd = 4.5			sd = 39.5

TABLE 2: Sound/slide Presentation*

Therapist	Number of slides	Length of message (seconds)
A	5	105
B	7	85
C	6	90
D	3	130
E	4	95
F	4	85
G	4	80
H	3	75
	$\bar{x}$ = 4.5	$\bar{x}$ = 93

* The entire presentation consisted of 36 therapist slides and an audio-tape that lasted 13 minutes and 35 seconds.

Table 3. Importance of Qualities to Clients Choosing a Therapist

Item	Mean Score (n = 21)	Rank	
Friendly	1.50	1	
Understanding	1.52	2	IMPORTANT
We will get along well together	1.86	3	
Able to help me figure out what I want to do	1.91	4	
Able to get things done for me	2.17	5	
Looks like the kind of person who will listen to me	2.43	6	
Will tell me what to do	2.55	7	
Looks strong enough to handle my problems	2.61	8	
Same age	3.13	9	
Same sex	3.47	10	
Reminds me of someone I know	3.57	11	
Attractive	3.70	12.5	UNIMPORTANT
Same Race	3.70	12.5	

TABLE 4: 2x2 Contingency Table (Sex)

Clients	Therapists: female	Therapists: male	
female	4	8	12
male	4	5	9
	8	13	21

df = 1, p = .527

TABLE 5: 2x2 Contingency Table (Age)

Clients	Therapists: < 30 years	Therapists: ≥ 30 years	
< 30 years	8	6	14
≥ 30 years	2	5	7
	10	11	21

df = 1, p = .179

TABLE 6: 2x2 Contingency Table (Race)

Clients	Therapists: Nonwhite	Therapists: White	
Nonwhite	10	1	11
White	6	4	10
	16	5	21

df = 1, p = .021, significant beyond .05 level

TABLE 7: Impact of Choosing a Therapist

Item	Mean Agreement Score (n = 20)*	Rank	
Choosing makes me feel:			
others respected my opinions	1.65	1	MORE AGREEMENT
responsible for myself	1.70	2	
**unimportant	1.90	3.5	
more willing to talk openly	1.90	3.5	
hopeful about solving my problems	2.05	5.5	
more in control of my life	2.05	5.5	
**Choosing is the clinic's job, not mine	2.30	7	
**Choosing confused me	2.35	8	
**Choosing made me worry about making a bad choice	2.85	9	LESS AGREEMENT

* n = 20 since there was missing data for one client

** Negatively worded items. Scored in reverse.